CHILDREN DENTAL SERVICES

Procedure Codes* and Allowances Effective 07/01/2014

Updated 05/07/2014

PROCEDURE	CODE	FEE
DIAGNOSTIC		
PERIODIC ORAL EXAM	D0120	\$26.71
PROBLEM FOCUSED EXAM	D0140	\$40.07
ORAL EVAL FOR PATIENT UNDER 3 YRS	D0145	\$24.29
COMPREHENSIVE ORAL EXAM	D0150	\$40.07
EXTENSIVE ORAL EVALUATION	D0160	\$35.89
RADIOGRAPHS		
INTRAORAL COMPLETE WITH BITEWINGS	D0210	\$83.78
INTRAORAL PERIAPICAL 1ST FILM	D0210	\$15.79
INTRAORAL PERIAPICAL EACH ADD FILM	D0230	\$10.93
OCCLUSAL FILM	D0240	\$14.17
BITEWINGS 1 FILM	D0270	\$13.16
BITEWINGS 2 FILMS	D0272	\$25.50
BITEWINGS 3 FILMS	D0273	\$23.93
BITEWINGS 4 FILMS	D0274	\$34.00
VERTICAL BITEWINGS 7-8 FILMS	D0277	\$32.90
PANORAMIC FILM	D0330	\$65.58
CEPHALOMETRIC FILM	D0340	\$51.84
ORAL/FACIAL IMAGES	D0350	\$23.27
DIAGNOSTIC CASTS	D0470	\$48.85
PREVENTIVE		
CARIES RISK ASSESSMENT (LOW RISK)	D0601	\$4.45
CARIES RISK ASSESSMENT (MODERATE RISK)	D0601	\$4.45
CARIES RISK ASSESSMENT (HIGH RISK)	D0603	\$4.45
PROPHYLAXIS (12 YEARS OR OLDER)	D1110	\$51.02
PROPHYLAXIS (UNDER 12 YEARS OLD)	D1120	\$36.43
TOPICAL FLUORIDE TREATMENT		
TOPICAL APPLICATION OF FLUORIDE	D1208	\$21.86
TOPICAL FLUORIDE VARNISH	D1206	\$21.86
OTHER PREVENTATIVE SERVICES		
ORAL HYGIENE (with ABCD training and certification)	D1330	\$24.93
SEALANT (PER TOOTH/TO AGE 15)	D1351	\$29.15
SPACE MAINTENANCE		
FIXED UNILATERAL	D1510	\$167.58
FIXED BILATERAL	D1515	\$256.22
REMOVABLE UNILATERAL	D1520	\$107.27
REMOVABLE BILATERAL	D1525	\$199.36
RECEMENTING OF SPACE MAINTAINER	D1550	\$37.44
AMALGAM RESTORATIVE		
AMALGAM, ONE SURFACE	D2140	\$70.43
AMALGAM, TWO SURFACES	D2150	\$87.43
AMALGAM, THREE SURFACES	D2160	\$105.65

AMALGAM, FOUR SURFACES	D2161	\$126.29
RESIN RESTORATIONS RESIN ONE SURFACE, ANTERIOR RESIN THIS SURFACES ANTERIOR	D2330	\$80.15
RESIN TWO SURFACES, ANTERIOR	D2331	\$103.22 \$127.51
RESIN THREE SURFACES, ANTERIOR RESIN FOUR OR MORE SURFACES, ANTERIOR	D2332 D2335	\$127.51 \$150.58
RESIN-BASED COMPOSITE CROWN	D2333	\$187.01
RESIN ONE SURFACE, POSTERIOR	D2390 D2391	\$70.43
RESIN TWO SURFACES, POSTERIOR	D2391 D2392	\$87.43
RESIN THREE SURFACES, POSTERIOR	D2392 D2393	\$105.65
RESIN FOUR SURFACES, POSTERIOR	D2393	\$105.05
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PROSTHETHICS (CROWNS)		_
RESIN/PREDOMINANTLY BASE METAL	D2721	\$368.35
PORCELAIN/CERAMIC SUBSTRATE CROWN	D2740	\$465.50
PORCELAIN/HIGH NOBLE METAL CROWN	D2750	\$465.50
PORCELAIN/BASE METAL CROWN	D2751	\$465.50
PORCELAIN/NOBLE METAL CROWN	D2752	\$465.50
FULL CAST HIGH NOBLE METAL CROWN	D2790	\$465.50
FULL CAST CROWN	D2791	\$465.50
FULL CAST NOBLE METAL CROWN	D2792	\$465.50
RECEMENT INLAY/ONLAY/PARTIAL COVERAGE RESTORATION	D2910	\$23.93
RECEMENT CROWN	D2920	\$43.51
REATTACHMENT OF TOOTH FRAGMENT	D2921	\$125.48
PREFAB STAINLESS STEEL CROWN-PRIM	D2930	\$150.58
PREFAB STAINLESS STEEL CROWN-PERM PREFAB RESIN CROWN	D2931	\$161.51 \$131.55
PREFAB SSC/RESIN WINDOW	D2932 D2933	\$201.58
PREFABRICATED COATED STAINLESS STEEL CROWN - PRIMARY TOOTH	D2933 D2934	\$201.56 \$167.98
SEDATIVE FILLING	D2934 D2940	\$45.54
INTERIM THERAPEUTIC RESTORATION	D2940 D2941	\$45.54
CROWN BUILDUP INCLUDING ANY PINS	D2941 D2950	\$126.29
PIN RETENTION	D2951	\$19.23
CAST POST & CORE IN ADDITION TO CROWN	D2952	\$166.97
PREFABRICATED POST/CORE IN ADDITION	D2954	\$149.77
LABIAL VENEER	D2962	\$455.63
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ENDODONTICS PULP CAP (DIRECT)	D3110	\$36.43
PULP CAP (INDIRECT)	D3110	\$33.39
PULPOTOMY (PRIMARY TEETH ONLY)	D3120	\$80.15
PULPAL DEBRIDEMENT	D3221	\$56.67
PULPAL THERAPY ANTERIOR	D3230	\$74.08
PULPAL THERAPY POSTERIOR	D3240	\$66.79
ROOT CANAL THERAPY (ANTERIOR)	D3310	\$382.52
ROOT CANAL THERAPY (BICUSPID)	D3320	\$378.47
ROOT CANAL THERAPY (MOLAR)	D3330	\$597.46
RETREATMENT OF ROOT CANAL (ANTERIOR)	D3346	\$318.77
RETREATMENT OF ROOT CANAL (BICUSPID)	D3347	\$378.47
RETREATMENT OF ROOT CANAL (MOLAR)	D3348	\$497.88
APEX/RECALCIFICATION-INITIAL VISIT	D3351	\$101.20
APEX/RECALCIFICATION-NEXT VISIT	D3352	\$101.20
APEX/RECALCIFICATION-FINAL VISIT	D3353	\$144.71

APICOECTOMY (ANTERIOR) APICOECTOMY (BICUSPID) APICOECTOMY (MOLAR) APICOECTOMY (EACH ADDITIONAL ROOT) RETROGRADE FILLING	D3410 D3421 D3425 D3426 D3430	\$263.11 \$273.50 \$299.54 \$107.27 \$83.99
PERIODONTICS EXTRACORONAL PROVISIONAL SPLITTING ROOT PLANING AND SCALING (4+ TEETH) ROOT PLANING AND SCALING (0-3 TEETH) FULL MOUTH DEBRIDEMENT PERIODONTAL MAINTENANCE	D4321 D4341 D4342 D4355 D4910	\$81.75 \$153.01 \$76.91 \$85.74 \$66.79
PROSTHODONTICS COMPLETE UPPER DENTURE COMPLETE LOWER DENTURE IMMEDIATE UPPER DENTURE IMMEDIATE UPPER DENTURE IMMEDIATE LOWER DENTURE UPPER ACRYLIC PARTIAL LOWER ACRYLIC PARTIAL UPPER CAST PARTIAL UPPER CAST PARTIAL UPPER FLEX PARTIAL LOWER FLEX PARTIAL LOWER FLEX PARTIAL ADJUST COMPLETE UPPER DENTURE ADJUST COMPLETE LOWER DENTURE ADJUST COMPLETE LOWER DENTURE ADJUST LOWER PARTIAL DENTURE REPAIR BROKEN COMPLETE DENTURE REPAIR BROKEN COMPLETE DENTURE REPAIR ACRYLIC SADDLE OR BASE REPAIR CAST FRAMEWORK REPAIR OR REPLACE BROKEN CLASP REPLACE BROKEN TEETH (PER TOOTH) ADD TOOTH TO EXISTING PARTIAL ADD CLASP TO EXISTING PARTIAL REBASE COMPLETE UPPER DENTURE RELINE UPPER COMPLETE DENTURE RELINE UPPER COMPLETE DENTURE RELINE UPPER COMPLETE DENTURE RELINE UPPER PARTIAL DENTURE RELINE UPPER PARTIAL DENTURE RELINE UPPER COMPLETE DENTURE RELINE UPPER PARTIAL DENTURE RELINE UPPER COMPLETE DENTURE RELINE LOWER PARTIAL DENTURE RELINE UPPER PARTIAL DENTURE RELINE LOWER PARTIAL DENTURE RELINE UPPER PARTIAL DENTURE RELINE LOWER COMPLETE DENTURE (U) TEMPORARY COMPLETE DENTURE (U) TEMPORARY COMPLETE DENTURE (L) TEMPORARY UPPER PARTIAL	D5110 D5120 D5130 D5140 D5211 D5212 D5213 D5214 D5225 D5226 D5410 D5411 D5421 D5422 D5510 D5520 D5610 D5620 D5610 D5620 D5630 D5640 D5650 D5650 D5660 D5711 D5730 D5711 D5730 D5711 D5730 D5741 D5750 D5751 D5760 D5761 D5810 D5811	\$819.68 \$819.68 \$873.12 \$795.40 \$795.40 \$795.40 \$795.40 \$662.83 \$28.30 \$108.40 \$128.52 \$69.82 \$109.29 \$106.26 \$256.02 \$141.67 \$141.67 \$141.67 \$141.67 \$141.67 \$227.69 \$227.69 \$227.69 \$227.69 \$352.16 \$352.16 \$352.16 \$352.16 \$352.16
TEMPORARY LOWER PARTIAL TISSUE CONDITIONING-MAXILLARY TISSUE CONDITIONING-MANDIBULAR OVERDENTURE – COMPLETE MAXILLARY OVERDENTURE – COMPLETE MANDIBULAR	D5821 D5850 D5851 D5863 D5865	\$272.22 \$52.62 \$52.62 \$683.07 \$683.07

REPORT REMOVABLE PROSTHODONTIC PROCEDURE RECEMENT BRIDGE	D5899 D6930	\$421.73 \$66.80
ORAL SURGERY CORONAL REMNANTS-DECIDIOUS TOOTH EXTRACTION SINGLE TOOTH SURGICAL REMOVAL ERUPTED TOOTH SURGICAL REMOVAL TISSUE IMPACTED SURGICAL REMOVAL PARTIALLY BONY SURGICAL REMOVAL FULL BONY SURGICAL REMOVAL UNUSUAL COMP. SURGICAL REMOVAL RESIDUAL ROOTS TOOTH RE-IMPLANTATION	D7111 D7140 D7210 D7220 D7230 D7240 D7241 D7250 D7270	\$59.51 \$78.94 \$142.08 \$150.58 \$221.02 \$268.37 \$319.37 \$122.45 \$176.08
OTHER SURGICAL PROCEDURES SURGICAL ACCESS OF UNERUPTED TOOTH DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH BIOPSY OF ORAL TISSUE – HARD BIOPSY OF ORAL TISSUE – SOFT BRUSH BIOPSY	D7280 D7283 D7285 D7286 D7288	\$204.41 \$137.63 \$160.90 \$141.67 \$22.93
ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS (PER QUADRANT) IN CONJUNCTION WITH EXTRACTIONS (ONE TO THREE TEETH, PER QUADRANT) NOT IN CONJUNCTION WITH EXTRACTIONS NOT IN CONJUNCTION WITH EXTRACTIONS (ONE TO THREE TEETH, PER QUADRANT)	D7310 D7311 D7320 D7321	\$127.51 \$69.82 \$125.48 \$88.04
VESTIBULOPLASTY UNCOMPLICATED (PER ARCH) COMPLICATED (PER ARCH)	D7340 D7350	\$136.61 \$265.13
EXCISION OF BONE TISSUE REMOVAL OF EXOSTOSIS (PER SITE) REMOVAL OF TORUS PALATINUS REMOVAL OF TORUS MANDIBULARIS SURGICAL REDUCTION OF OSSEOUS TUBEROSITY	D7471 D7472 D7473 D7485	\$195.31 \$269.18 \$261.08 \$206.44
SURGICAL INCISION Incision and drainage of abscess-intraoral soft tissue Incision and drainage of abscess-extraoral soft tissue	7510 7520	\$99.17 \$135.60
TREATMENT OF FRACTURES ALVEOLUS, CLOSED REDUCTION STABILIZATION OF TEETH	D7771	\$667.89
OTHER REPAIR PROCEDURES FRENULOPLASTY Frenulectomy (frenectomy or frenotomy); separate procedure	D7963 7960	\$232.75 \$166.97
LIMITED ORTHODONTICS (Requires Special Authorization) LIMITED TREATMENT OF PRIMARY DENTITION LIMITED TREATMENT OF TRANSITIONAL DENTITION LIMITED TREATMENT OF ADOLESCENT DENTITION LIMITED TREATMENT OF ADULT DENTITION INTERCEPTIVE TREATMENT OF PRIMARY DENTITION	D8010 D8020 D8030 D8040 D8050	\$699.89 \$793.61 \$961.11 \$998.99 \$1,610.02

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COMPREHENSIVE TREATMENT OF TRANSITIONAL DENTITION	D8070	\$3,579.89
COMPREHENSIVE TREATMENT OF ADOLESCENT DENTITION	D8080	\$4,092.35
COMPREHENSIVE TREATMENT OF ADULT DENTITION	D8090	\$4,432.37
REMOVABLE APPLIANCE THERAPY	D8210	\$382.85
FIXED APPLIANCE THERAPY	D8220	\$513.46
REPAIR OF ORTHODONTIC APPLIANCE	D8691	\$55.83
REPLACEMENT OF LOST/BROKEN RETAINER	D8692	\$87.74
DIAGNOSTIC WORKUP WITH X-RAY MODELS	D8999	\$35.89
ADJUNCTIVE GENERAL SERVICES		
EMERGENCY TREATMENT PAIN	D9110	\$52.62
GENERAL ANESTHESIA (30 MINS)	D9220	\$189.43
GENERAL ANESTHESIA (ADD 15 MIN)	D9221	\$94.72
ANALGESIA	D9230	\$35.22
I.V. SEDATION (30 mins)	D9241	\$148.15
I.V. SEDATION (each additional 15 mins)	D9242	\$70.84
HOUSE CALL/EXTENDED CARE FACILITY	D9410	\$36.43
HOSPITAL CALL	D9420	\$142.08
OFFICE VISIT	D9430	\$22.26
DRUGS OR MEDICAMENTS	D9630	\$8.97
POSTSURGICAL TREATMENT OF COMPLICATIONS	D9930	\$23.93
ODONTOPLASTY 1-2 TEETH, INCLUDES REMOVAL OF ENAMEL PROJECTIONS	D9971	\$39.88
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BEHAVIOR MANAGEMENT		
DD PATIENTS ONLY	D9920	\$102.00
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D8060 \$1,932.02

INTERCEPTIVE TREATMENT OF TRANSITIONAL DENTITION

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Applicable FARS/DFARS Apply.

MEDICAL-DENTAL PROCEDURES*

This manual contains a listing of codes which can be classified as either medical or dental procedures. All of these services will require prior authorization before the services are performed to determine if the claim will be filed under Dakota XIX or filed with Medical Services within the Department of Social Services

In order for TMJ procedures to be covered under the Dakota XIX program, the problem must be specifically related to the dental malocclusion.

MEDICAL-DENTAL PROCEDURE CODES/ALLOWANCES

Procedure description	Code	Fee
<u>RADIOGRAPHS</u>		
Temporomandibular joint arthogram, including injection	320	\$205.43
Other TMJ films, by report	321	\$91.08
Tomographic survey	322	\$127.51
PERIODONTICS		
Gingivectomy or gingivoplasty (four or more contiquous teeth)	4210	\$213.52
Gingivectomy or gingivoplasty (one to three contiquous teeth)	4211	\$81.97
Gingival flap procedure (four or more contiguous teeth)	4240	\$413.89

Oroantral fistula closure 7260 \$517.11 Surgical exposure of impacted/unerupted tooth 7280 \$204.41 Placement of device to facilitate eruption of impacted tooth 7285 \$130.63 Biopsy of oral tissue (hard) 7285 \$160.90 Biopsy of oral tissue (soft) 7286 \$141.67 Surgical repositioning of teeth, by report 7290 \$218.58 Excision of benign lesion up to 1.25 cm 7410 \$143.70 Excision of benign lesion over 1.25 cm 7411 \$147.00 Excision of benign lesion, complicated 7412 \$384.54 Excision of malignant lesion over 1.25 cm 7413 \$431.09 Excision of malignant lesion, complicated 7414 \$755.93 Excision of malignant turnor-lesion diameter up to 1.25 cm 7414 \$755.93 Excision of malignant turnor-lesion diameter up to 1.25 cm 7440 \$365.33 Excision of malignant turnor-lesion diameter over 1.25 cm 7451 \$235.79 Excision of benign odontogenic cyst or turnor-lesion diameter up to 1.25 cm 7451 \$235.79 Excision of benign odontogenic cyst or turnor-lesion diameter up to 1.25 cm <	Gingival flap procedure (one to three contiquous teeth) Osseous surgery (four or more contiquous teeth) Osseous surgery (one to three contiquous teeth) Pedicle soft tissue graft procedure Free soft tissue graft procedure Free soft tissue graft procedure - each additional contiguous tooth Periodontal scaling/root planing, four or more teeth (requires prior authorization) Periodontal scaling/root planning, one to three teeth (requires prior authorization)	4241 4260 4261 4270 4277 4278 4341 4342	\$256.02 \$539.37 \$526.22 \$406.81 \$392.64 \$353.38 \$153.01 \$76.91
Surgical exposure of impacted/unerupted tooth 7280 \$204.41 Placement of device to facilitate eruption of impacted tooth 7285 \$176.90 Biopsy of oral tissue (bard) 7286 \$160.90 Biopsy of oral tissue (soft) 7280 \$141.67 Surgical repositioning of teeth, by report 7290 \$218.58 Transseptal fiberotomy, by report 7291 \$112.33 Excision of benign lesion up to 1.25 cm 7411 \$147.09 Excision of benign lesion, complicated 7412 \$384.54 Excision of malignant lesion up to 1.25 cm 7413 \$431.09 Excision of malignant lesion, complicated 7414 \$755.93 Excision of malignant lesion over 1.25 cm 7414 \$755.93 Excision of malignant lesion cover 1.25 cm 7440 \$366.33 Excision of malignant tumor-lesion diameter up to 1.25 cm 7441 \$235.79 Excision of malignant tumor-lesion diameter up to 1.25 cm 7461 \$235.79 Removal of benign dontogenic cyst or tumor-lesion diameter up to 1.25 cm 7461 \$235.79 Removal of benign nonodontogenic cyst or tumor-lesion diameter up to 1.25 cm 7461	ORAL SURGERY		^
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Maxilla-closed reduction	7720	\$1,288.22
Mandible-open reduction	7730	\$2,221.24
Mandible-closed reduction	7740	\$1,313.52
Malar and/or zygomatic arch- open reduction	7750	\$1,920.69
Malar and/or zygomatic arch-closed reduction	7760	\$1,542.22
Alveolus-stabilization of teeth-open reduction splinting	7770	\$1,200.18
Facial bones-complicated reduction with fixation and multiple surgical approaches	7780	\$1,289.23
REDUCTION OF DISLOCATION AND MANAGEMENT OF OTHER TMJ DYSFUNCTIONS		
Open reduction of dislocation	7810	\$1,589.78
Closed reduction of dislocation	7820	\$1,138.45
Manipulation under anesthesia	7830	\$221.62
Condylectomy	7840	51.5%
Surgical discectomy; with or without implant	7850	51.5%
Disc repair	7852	51.5%
Synovectomy	7854	51.5%
Myotomy	7856	51.5%
Joint reconstruction	7858	51.5%
Arthrotomy	7860	51.5%
Arthoplasty	7865	51.5%
Arthrocentesis	7870	51.5%
Arthroscopy-diagnosis; with or without biopsy	7872	51.5%
Arthroscopy-surgical; lavage and lysis of adhesions	7873	51.5%
Arthroscopy-surgical; disc repositioning and stabilization	7874	51.5%
Arthroscopy-surgical; synovectomy	7875	51.5%
Arthroscopy-surgical; discectomy	7876	51.5%
Arthroscopy-surgical; debridement	7877	51.5%
Occlusal orthotic appliance, by report	7880	\$303.59
Unspecified TMD therapy, by report	7899	\$249.25
Suture (repair) of recent small wounds up to 5 cm	7910	\$85.00
Suture (complicated) up to 5 cm	7911	\$141.67
Suture (complicated) over 5 cm	7912	\$183.16
Skin grafts (identify defect covered, location, type), by report	7920	\$421.99
Osteoplasty- for orthognathic deformities	7940	\$2,077.54
Osteotomy- mandibular rami	7941	\$3,012.59
Osteotomy- mandibular rami with bonegraft, includes obtaining the graft	7943	\$2,891.16
Osteotomy- segmented or subapical, per sextant or quad	7944	\$2,293.09
Osteotomy- body of mandible	7945	\$2,784.90
LeFort I (maxilla-total)	7946	\$2,960.98
LeFort I (maxilla-segmented)	7947	\$3,118.85
LeFort II or LeFort III (osteoplasty of facial bones, w/o bone graft)	7948	51.5%
LeFort II or LeFort III - with bone graft	7949	51.5%
Graft of mandible (osseous, osteoperiosteal, or cartilage graft of mandible-nonautogenous or		- 4 - 07
autogenous)	7950	51.5%
Repair of maxillofacial soft or hard tissue defect	7955	\$1,457.22
Excision of hyperplastic tissue, per arch	7970	\$174.06
Excision of pericoronal gingiva	7971	\$75.90
Sialolithotomy	7980	\$1,027.13
Excision of salivary gland	7981	\$877.36
Sialodochoplasty	7982	\$1,009.93
Closure of salivary fistula	7983	51.5%
Emergency tracheotomy	7990	51.5%
Coronoidectomy	7991	51.5%
Eminenectomy	7992	51.5%

7999 51.5%

MISCELLANEOUS SERVICES

Occlusal guard, by report

9940 \$142.69

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Applicable FARS/DFARS Apply.